

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals, and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88340

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20481

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRAVO DOME CO<sub>2</sub> GAS UNIT

8. Well No.

1930-221G

9. Pool name or Wildcat

BRAVO DOME CO<sub>2</sub> GAS UNIT 160

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well

WELL ☐ WELL ☐ OTHER ☐ CO<sub>2</sub> PRODUCER

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location

Unit Letter G : 1700 Feet From The North Line and 1700 Feet From The East Line  
Section 22 Township 19N Range 30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4468' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐  
OTHER: ☐ OTHER: Yearly Bradenhead Test (TA Well) ☒

12. Describe Proposed or Completed Operations  
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
2011	4/5	205#		
2011	9/14	200#		
2012	9/10	510#		
2013	9/4	520#		
2014	8/20	520#		
2015	9/15	500#		
2016	9/15	500#		
2017	8/3	540#		

TA EXPIRES  
9/30/18

NO TUBING - 5 1/2" FG

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE SR ENG ADVISOR DATE 9/12/2017  
TYPE OR PRINT NAME AL GUSSANI TELEPHONE NO. (806)894 0200

(This space for State Use)  
APPROVED BY [Signature] TITLE Engineer DATE 9/26/17  
CONDITIONS OF APPROVAL, IF ANY: